Mentoring Junior Faculty in the UNC School of Medicine

Susan Girdler, Ph.D., FABMR
Department of Psychiatry
Chair, SOM Mentoring Task Force

Cristin Colford, M.D., FACP
Department of Medicine – Internal Medicine
Associate Director, Residency Program
Career Enhancing Mentoring

- Enhance research/clinical/teaching practices
- Broker Opportunities and Networking
- Advocate and Offer Protection
- Identify Opportunities for Development
- Develop Career Management Skills
- Foster Independence

Psychosocial Mentoring

Promote Socialization to the Profession and Institution

Provide Encouragement, Enhance Confidence

Help Clarify Professional Identity

Model Professional Behaviors, Attitudes and Values
Multiple Roles for Mentors

- Career advocate, sponsor, strategist
- Tenure and promotion coach
- Feedback communicator
- Protector
- Counselor
- Networking
- Teaching, research, clinical coach

Think Multiple Mentors!
### Mentoring at the University of Pennsylvania School of Medicine: Relationship of Number of Mentors to Outcomes (n=1,046 Assist and Assoc Profs)

<table>
<thead>
<tr>
<th>Number of mentors</th>
<th>Assistant professors</th>
<th>Associate professors</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (n = 38)</td>
<td>25 (18)</td>
<td>25 (4)</td>
</tr>
<tr>
<td>1 (n = 209)</td>
<td>43 (18)</td>
<td>42 (17)</td>
</tr>
<tr>
<td>2+ (n = 224)</td>
<td>51 (18)</td>
<td>55 (16)</td>
</tr>
</tbody>
</table>

**Percentage of all possible types of mentoring received - Mean (SD):**
- Assistant professors: 59.6 (5.9)
- Associate professors: 77.5 (5.9)

**Job satisfaction (mean (SD)):**
- Assistant professors: 6.2 (1.3)
- Associate professors: 7.2 (1.7)

**Satisfaction with mentoring (mean (SD)):**
- Assistant professors: 3.5 (2.8)
- Associate professors: 6.8 (2.8)

**Expect to leave within 5 years (%):**
- Assistant professors: 58
- Associate professors: 33

**Faculty gender:**
- Men (%): 8
- Women (%): 9

**Faculty track:**
- Clinician-Educator (%): 11
- Tenure track (%): 2
- Research track (%): 13

*Chi-square (P)*: 94.85 (0.001)

Having formal mentor is important

Receive formal mentoring

% Agree

UNC SOM faculty 28-45 yrs of age

2016 Association of American Medical Colleges
Mentoring Outcomes at UNC SOM

<table>
<thead>
<tr>
<th>Daily activities &amp; accomplishment</th>
<th>Clear role</th>
<th>Clear medical school mission</th>
<th>Choose to work at UNC SOM again</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentoring</td>
<td>No Mentoring</td>
<td>Mentoring</td>
<td>No Mentoring</td>
</tr>
<tr>
<td>% Agreed</td>
<td>% Agreed</td>
<td>% Agreed</td>
<td>% Agreed</td>
</tr>
<tr>
<td>90</td>
<td>80</td>
<td>70</td>
<td>80</td>
</tr>
</tbody>
</table>

2016 Association of American Medical Colleges
Mentoring Outcomes UNC SOM

% Satisfied

- "Fit" within dept.
- Department as place to work
- Med school as place to work

- Mentoring
- No Mentoring

2016 Association of American Medical Colleges
Every Department in the UNC School of Medicine Has a Junior Faculty Mentoring Plan
Dimensions of the mentoring plan that varied across departments

- **Who** they mentor: Assistant Professors only or Associate Professors too
- Whether **objectives or goals** are specified
- **Frequency of meetings** specified
- Mentoring **supported or acknowledged**
- Mentoring **Committees or Dyads** (or both)
- Degree to which plan has been **individualized** to the department
- Differentiation of mentoring plan for **tenure track versus fixed term track**
- Degree to which **mentoring plan is differentiated from annual review**
GAPS IDENTIFIED IN MOST MENTORING PLANS

- **Evaluation** of either the mentoring plan/program or the mentoring relationships
- Special considerations for mentoring **women and other underrepresented groups**
- Individualized approaches based on **career track** (clinical, research, education, administration)
- **Mid-career faculty**
DEPARTMENT LEVEL MENTORING RECOMMENDATIONS

- Develop mentoring plan based on needs and conditions of your department
- Mentoring process is distinct from the annual faculty evaluation process
- Mentor Coordinator(s) that has an interest in department-wide mentoring
- The department Chair should support a mentoring culture
- Provide incentives for mentoring - awards, recognition, service credits
- Clear guidelines and expectations for the mentoring relationship should be established in writing (e.g., frequency of meetings, confidentiality of meetings)
- Provide informal opportunities for junior and senior faculty to interact
- Encourage faculty involvement in formal development of mentorship skills
- Conduct annual evaluation of the departmental plan and individual mentoring
Traditional Mentoring

Advantages:

• Facilitates professional advancement of mentees early in their career
• Mentees benefit from extensive knowledge, organizational wisdom, contacts, sponsorship

Potential Limitations:

• Difficulty in finding enough senior faculty with time and experience to serve as effective mentors
• An implicit power differential exists
Committee Mentoring

Advantages:
• Exposure to multiple perspectives
• Helpful when there is a limited number of senior mentors

Potential Limitations:
• Content of mentoring interactions are more homogenous and less individualized
• Difficulty in coordinating schedules
• Conflicting advice
Peer Mentoring

Advantages:

• Absence of power differentials
• Greater likelihood of shared perspectives, and challenges
• Collaboration
• Social support

Potential Limitations:

• Inability to leverage knowledge of senior colleagues
• Challenging for peers to organize their interactions and agendas
Alternative Forms of Mentoring

- **E-Mentoring (Distance Mentoring)**
  - Employed when mentoring partners are unable to meet in person

- **Workshops and Panel Discussions** –
  - Important complements to other forms of mentoring
  - Supports a mentoring culture
Example Logic Model for Mentoring Program

Resources and Inputs
- Mentors
- Junior Faculty
- Admin Support
- Dept funds to support activities

Activities
- Orientation to dept & program
- Matching mentors & mentees
- Mentor-mentee meetings
- Bi-annual career development lunches
- Mentor trainings*

Outputs
- # Dyad pairs formed
- Frequency of dyad meetings
- Attendance at lunches

Outcomes
- Mentee job satisfaction
- Mentee professional efficacy
- Mentor competency
- Mentee & mentor relationship satisfaction and quality

Impact
- Retention
- Promotion
- Early Career Awards (grants, teaching) & recognitions

1 2 3 4 5

Your Planned Work

Your Intended Results

* Go to University of Wisconsin website for guidance in creating a logic model (http://www.uwex.edu/ces/lmcourse/) and select “Connect to the course content.” Proceed with Sessions 1-7 or download PDF version of content.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Descriptors from Mentorship Literature</th>
<th>No. of Fellows Who Reported Attribute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attributes of the relationship between mentor and protégé</td>
<td>Trust, psychosocial support, nurture, fosters growth, counselor, guide, advisor, provides feedback</td>
<td>66</td>
</tr>
<tr>
<td>Professional attributes of mentor</td>
<td>Teacher, tutor, supervisor, sponsor, advocate, master, role model, socialization, networking</td>
<td>58</td>
</tr>
<tr>
<td>Personal attributes of mentor</td>
<td>Available, approachable, intelligent, brilliant, good communicator, unselfish, dedicated, patient, good sense of humor, kind, thoughtful, enthusiastic, caring, collegial</td>
<td>16</td>
</tr>
</tbody>
</table>

*Out of 95 individuals who provided open-ended responses to the survey question, “Of the people you thought of as mentors, was there one who was particularly influential?”*

## Factors Associated with High Quality Mentoring Relationships

<table>
<thead>
<tr>
<th>Strong Association</th>
<th>No or Weak Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep level similarity (e.g., attitudes, values, work styles, personality)</td>
<td>Surface level similarity (e.g., demographic similarity)</td>
</tr>
<tr>
<td>Interaction frequency</td>
<td>Mentor or mentee technical skill or ability</td>
</tr>
<tr>
<td>Relationship length (takes time for the relationship to develop)</td>
<td>Formal versus informal relationship (i.e., assigned mentors versus naturally formed relationships)</td>
</tr>
<tr>
<td>Supportive mentoring culture</td>
<td></td>
</tr>
</tbody>
</table>

Challenges to Mentoring in an Academic School of Medicine

- Marginalized groups – women and underrepresented minorities
  - Fewer role models
  - Fewer opportunities for informal mentoring
  - Microaggressions
    - micro-assaults (racism/sexism)
    - micro-insults (e.g., spokesperson for entire race; implying someone has position because of race/gender)
    - micro-invalidations (failure to see/value racial heritage)
UNC Focus Group Data 2017
Women Assistant Professors in SOM Clinical Depts.

Good Mentors:
- "SHARE" – ideas, resources, opinions, insights into dept politics
- Willing to talk about STRESS
- Acknowledge race and protect from too much service - - “brown tax”
- Female mentors for negotiating politics and validation for priorities (family)
- Value of Peer Mentoring repeatedly mentioned
- Value of male mentors – more influential than women

Needs:
- Mid-career mentoring
- Help with negotiating
- Advocate
- Relationship building
- Formalized mentor training for higher level faculty and administrators
- Good physical location – place junior faculty where they will interact with senior faculty
- How to report bullying, discrimination, harassment and knowledge of available resources
Effective mentoring strategies for women:
- **Flexibility** is key – if there is trust you can be flexible
- Help negotiate the strategies to saying “No” to service
- Work-life ‘balance’ – aligns with values therefore looks different for everyone.
- Lay out expectations but not priorities – not appropriate for mentor to tell mentee what her priorities should be
- Value of Peer Mentoring and Multiple mentors repeatedly mentioned
- Needs to be able to cry in front of mentor (“I tell them they can cry in my office but not in front of certain people”)

“Maybe we need to be Mentoring Up?”

Mentoring women of color:
- Have **more caregiving demands** – forget mentoring to address ‘balance’, mentor trainees to address the ‘guilt’ – and issues re: the ‘brown tax’
- Recommend early career WOC not serve on committees because their voice will not be heard – would be vulnerable if they try to make their voice heard
- Scholars of color, men or women, have often gotten to academia on their own steam – don’t even know they need a mentor – need mentoring in how to collaborate

“Don’t be color or gender blind – be color and gender sensitive!”
What women academics value

Quality of social relationships, social cohesion, trust-based horizontal relationships and **SOCIAL CAPITAL**

- Developed from **networks of people** one can turn to for concrete **resources** (e.g., funding, authorship) but also **emotional support** and **collegial relationships**

- The underlying element is not power/hierarchy but **building relationships** that promote increased **productivity and well-being**

Blankson et al., (2015) in “Mentoring Away the Glass Ceiling in Academia: A Cultured Critique” (Marina Ed.)
Facilitated Peer Mentoring Models for Women Faculty

A senior mentor to facilitate and guide a small group of junior faculty, who in turn serve as peer mentors.

- **Mayo Clinic Model** (Anita Mayer & Julia Files): Each group possesses *shared academic interests*, works collectively within a *curriculum* to develop *academic products* and to *support each other* in attainment of career goals. *One year* commitment.

33 participants. Pre-post participation survey ranged from 1.25 – 6 yrs (median, 4 yrs).

Long-term follow-up of a facilitated peer mentoring program for female assistant professors

Mayer et al. (2013). Medical Teacher, 36:3, 260-266.
An example from General Medicine
UNC General Internal Medicine

- Clinician educators and clinician investigators
  - Stable faculty cohort
    - Faculty love each other and stay here
    - ‘All is good’
  - Leadership transition over last 3 years gave opportunities to rethink how we were doing things
    - Changing focus of monthly meetings
UNC General Medicine

- Implemented peer mentoring series 2017-18
  - Scheduled for the year
  - Each member leads 1 session
  - Themes: curriculum development, teaching skills, scholarly products
UNC General Medicine

- Clinician Investigators had formal mentoring
- Clinician Educators had more informal mentoring
  - To formalize,
    - Developed mentoring expectations together as a group
    - Decided on initial pairings as a group
    - Section chief (me) plans to meet with all faculty in addition
UNC Residency Program

- Regional collaboration to improve mentorship for URM residents
  - UNC, Wake Forest, Duke, ECU, and Morehouse
- Coaching program
Comments? Questions?